FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
- 1	hours per response.	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
1. Name and Address of Reporting Person* <u>Lyon Charles M</u>						2. Issuer Name and Ticker or Trading Symbol StoneX Group Inc. [SNEX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 329 PAR	,	(First) (Middle) AVENUE NORTH				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024								Officer (give title X Other (specify below) Subsidiary President and CEO					
SUITE 350					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WINTER PARK FL 32789													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State) (Zip)					Rule 10b5-1(c) Transaction Indication													
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Tak	ole I - No	on-Deri	vativ	e Se	curit	ies Ac	quired	, Di	sposed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		n Date,			es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 03/04/2					/2024	2024			M		4,852	A	\$30	66,409		D			
Common Stock 03/04/				/2024	2024			S		4,852	D	\$68.62	61,557 ⁽¹⁾		D				
Common Stock 03/05/2				/2024	1024			M		15,141	A	\$30	76,	,698	D				
Common Stock 03/05/2				/2024	2024			S		15,141	D	\$68.676	61,5	61,557 ⁽¹⁾		D			
			Table II								oosed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deen Executio if any (Month/D	n Date,	4. Transa Code (8)				6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Ov Fo Olly Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Stock Options	\$30	03/04/2024			M			4,852	12/05/20	021	12/05/2026	Common Stock	4,852	\$0	350,93	7	D		
Stock Options	\$30	03/05/2024			M			15,141	12/05/20	021	12/05/2026	Common Stock	15,141	\$0	335,79	6	D		

Explanation of Responses:

1. The price reported represents an average price. The Reporting Person will provide to the Commission, the issuer and any stockholder, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

Charles M. Lyon

03/06/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.